



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 005 ***150.00

DOCUMENT # 219091 1. Entity Name FLORIDA WATERFRONT REALTY CO.					
Principal Place of Business 2 HARTS ROAD P.O. BOX 97 YULEE, FL 32097			Mailing Address 2 HARTS ROAD P.O. BOX 97 YULEE, FL 32097		
2. Principal Place of Business 85879 HARTS ROAD Suite, Apt. #, etc.		3. Mailing Address PO BOX 878 Suite, Apt. #, etc.			
City & State YULEE, FL		City & State YULEE, FL		4. FEI Number 59-1032706	
Zip 32041		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOOD, JOSEPH A. 2 HARTS ROAD YULEE, FL 32097			7. Name and Address of New Registered Agent Name FLOOD, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 86192 FELMOR RD City YULEE FL Zip Code 32041		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Joseph A Flood</i></u> JOSEPH A. FLOOD 4-27-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLOOD, JOSEPH A. 2 HARTS ROAD YULEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLOOD, JOSEPH A. 86192 FELMOR RD YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOOD, CLIFFORD A. 2 HARTS ROAD YULEE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOOD, FRANCIS D. 85879 HARTS RD YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joseph A Flood</i></u> JOSEPH A. FLOOD 4-27-06 904-225-0767 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					